

MDR Tracking Number: M5-04-0493-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on October 16, 2003

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Work hardening program was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above was not found to be medically necessary, reimbursement for dates of service from 10-16-02 to 10-18-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6th day of January 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

December 24, 2003

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5-04-0493-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Information Provided for Review:

Correspondence.
H&P and Office Notes.
Daily Progress Notes.
Physical Therapy Notes.
Functional Capacity Evaluation.
Radiology Reports.

Clinical History:

This male claimant was injured on his job on _____. His symptoms increased and he sought medical treatment. An initial evaluation was performed and a treatment program was begun. Lumbar MRI revealed a 1.0 mm disc bulge with facet arthrosis. An initial FCE was performed on 09/05/02 revealing a physical demand level of light-to-medium, 30-40 pounds. A work hardening program was recommended.

The records indicate that the patient completed six weeks of a work hardening program, resulting in only minimal improvement. The interim FCE dated 09/27/02 revealed a physical demand level of light-to-medium at 40 pounds. On 10/18/02, after six weeks of work hardening, the patient had only progressed to a physical demand level of medium, 50 pounds.

Disputed Services:

Work hardening program during the period of 10/16/02 through 10/18/02.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the work hardening program in dispute was not medically necessary in this case.

Rationale:

National Treatment Guidelines allow for an initial trial of chiropractic care and therapy. However, the Guidelines do not allow for the intensive work hardening program this patient underwent. The MRI revealed only a 1.0 mm disc bulge, which is essentially clinically insignificant. In essence, this patient suffered only a lumbar strain/sprain injury. The treatment guidelines allow for up to six to eight weeks of passive and active care for this type of injury. The Guidelines do not allow for a multi-disciplinary work hardening program based upon the clinical documentation of this patient's injury.

I am the Secretary and General Counsel of _____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,